REQUEST FROM A POTENTIAL EMPLOYER FOR RELEASE OF INFORMATION CONTAINED IN THE STATE CENTRAL REGISTRY

State Form 49215 (R2 / 9-05) / CW 0004

In compliance with IC 31-33-17-6, the information provided upon completion of this form must be treated as a **CONFIDENTIAL RECORD.**
* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **voluntary** and you will not be penalized for refusal.

_____, has applied for employment or has volunteered
(Name of subject of search)

for services in a capacity that would place the individual in a position of trust with children less than 18 years of age. Written

verification of an application for employment is attached. I hereby request a search of the State Central Registry.

_____, _____, _____
(Date of birth)   *(Social Security number)* *   *(Other names used)*

Name of person making request

Signature of person making request | Date *(month, day, year)*

Name of agency

CONSENT TO RELEASE INFORMATION

I, _____, give permission for _____ to provide my date of birth and
(Name of subject of search)   *(Name of person making request)*

Social Security number for purposes of a search of the State Central Registry in connection with my application for employment.

Signature of subject of search | Date *(month, day, year)*

RELEASE OF SCR INFORMATION ON AN INDIVIDUAL WHO HAS MADE APPLICATION FOR EMPLOYMENT IN A POSITION OF TRUST WITH CHILDREN UNDER THE AGE OF 18

This is to verify that a search has been made for _____ in the
(Name of subject of search)

State Central Registry, and the following has been found:

The above-named person _____ been found listed in the State Central Registry for one or both of
(has, has not)

the following reasons indicated below:

☐ A child was found by a court to be a child in need of services based on a report of child abuse or neglect naming the subject of the search as the alleged perpetrator.

☐ Criminal charges were filed against the subject of the search based on a report of child abuse or neglect naming the individual as the alleged perpetrator.

Name of person conducting search

Signature/title of person conducting search | Date *(month, day, year)*

Name of county | Local DCS Office

DISTRIBUTION: White - Consumer; Canary - Local DCS Office